

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/542751

APPLICANT(S)

CLAIMS

	AS FILED				AFTER 1 ST AMENDMENT				AFTER 2 ND AMENDMENT				AFTER 3 RD AMENDMENT						
	IND.		DEP.		IND.		DEP.		IND.		DEP.		IND.		DEP.				
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50																			
TOTAL IND.																			
TOTAL DEP.	9																		
TOTAL CLAIMS	10																		